

Project Request Form
Loma Linda University School of Medicine
Advanced Imaging and Microscopy Core Facility

This form must be submitted electronically

Use adobe acrobat to fill in the form and email to mromero@llu.edu

Section 1: User Details

Principal Investigator: _____
PI Email: _____ Phone: _____
Position: _____ Department & School: _____
Facility User: _____ User LLU ID#: _____
User Email: _____ Phone: _____
Position: _____ Department & School: _____
Other facility users on project: _____

Conduct of studies

Facility User AIM Staff

Section 2: Microscopy and Image Analysis Needs *check appropriate box(s)*

Types of samples examined

Fixed and stained Live Other (Please list): _____

Hardware Requirements

Zstack Piezo Z Time Series Tiling Wire myography
Pressure myography Patch Clamp Cell and Tissue Perfusion
Inverter Live Animal Stereology

Objectives: 10X 20X 40X 63X 100X

Immersion Medium: Air Oil Water Dipping

Other requirements *describe*

Excitation and Emission Requirements

Single Multiple Multiphoton (2-photon) Other (describe) _____

Visible Light Bright Field Contrast Imaging

UV and visible excitation requirements *check appropriate box(s)*

405 nm 458/488/514 nm 561 nm 594 nm 633 nm

Other (describe): _____ **Fluorochromes (list)** _____

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Section 3: Project Details

Project Title: _____

Project Description: *Provide a) hypothesis, b) list of experimental groups including the number of samples to be imaged, c) expected results, and d) anticipated problems.*

Extramural Collaboration (specify colleague name, institution, email, phone number and benefit to LLU):

Section 4: Estimates and Authorization

Start Date: _____ **End date:** _____

Estimates: Imaging time: _____ **Analysis time:** _____ **Total Budget** _____

Specify Cost Center Fund _____

Investigator: _____ **Cost Center Administration:** _____

Electronic Signature/Date

Electronic Signature/Date

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Office Use Only

User LLU ID: _____

Project ID: _____

Instrumentation Recommendations:

Olympus Zeiss710 ZeissA1 Nikon Optiphot *describe below*

Training Recommendations:

None Basic Advanced *describe below*

Project Approval: _____ **Date:** _____ **Estimated Cost:** _____

AIM Access: _____ **Calendar Access:** _____

Rate Information

LLUSM Subsidized Confirmed Cost Center & Funds available

LLU Non-subsidized Facility Use Award

Non LLU Credit Account